		egistration District No	147 0	Domintentin-	District No	0 1 . Danier	raria Na	11 11 15 18 44	STATE FIL	E NUMBER
AMENDED		FILED MAR	7 1967	ry Registration	District NoZ_9	-			<u> </u>	
AMENDED	-	b. CITY (If outside corporate I TOWN KANSAS C	limits, give TOWNS	HIP only)	Length of stay in 74 YEAR	a. STATE	MISSOU KANSAS	RT. COUNTYJ	ed. If institut	ion: Residence be admission) Inside Limi Yes X No
DATE	-	c. FULL NAME OF (IF NOT in I HOSPITAL OR INSTITUTION 4235	• • •	· ·	Inside Limi Yes XX No	II ADDE	4235		give location) AVENUE	Reside on F
	_	(Type or print)	EDNA	CHR	Aiddle ISTINE Never Married	NELSON 8. DATE O	DE	ATE Mo OF ATH FEBRU GE (last birthday)	ARY 19	
	_1	EMALE WHI		7. Married [Widowed [11/18	3/87	74	Months D	N OF WHAT COUN
	1:	TO USUAL OCCUPATION (GIVE KI		& OUIN	CY R.R.	KAN SA	S CITY	MO . 14. NAME OF	U.	S. A.
	1	VILLIAM NELSO 5. WAS DECEASED EVER IN U.S. (es, no or unknown) (If yes, give	ARMED FORCES?		ISTINE	PEARSON P. 17. INFORM MRS.	MANT	 FARRELL	- ^4237 KANSAS	TRACY AV
CUMENT	_		only one cause per l WAS CAUSED BY: AEDIATE CAUSE (a)	ine tor (a), (D),						INTERVAL BETW ONSET AND DE
일하다		*****	WEDIATE CHOSE (9)	cor	mary	occlu	sion			acute.
INSTEAD		Conditions, if an which gave rise above cause (s stating the unde lying cause las	DUE TO (b)	_ ar	onary terias rebral	occh clers kemor	rion tick rha	pentch	palare	about 5
INSTEAD	ICATION	Conditions, if an which gave rise above cause (stating the unde lying cause las	DUE TO (b)	<u>Cer</u>	ebral	Kemor	rha	ge ab	out III. If decear there a pr	3 days
INSTEAD	AL CERTIFICATION	Conditions, if an which gave rise above cause (stating the underlying cause last PART II. OTHER disease 19. WAS AUTOPSY PERFORMED?	DUE TO (b) to a), st. st. DUE TO (c) R SIGNIFICANT CO e condition given in	Cer ONDITIONS CO: 1 PART I (a)	ebral	EATH but not re	rka	ge ab	there a pr	about 5 3 day sed was female regnancy in last 9
INSTEAD	MEDICAL CERTIFICATION	Conditions, if an which gave rise above cause (a stating the under land lying cause last PART II. OTHER disease 19. WAS AUTOPSY PERFORMED? PERFORMED? NO M 20c. TIME OF Hour INJURY OCCURRED	DUE TO (b) to a), str. str. DUE TO (c) R SIGNIFICANT CO a condition given in CIDENT SUICIDE Dith, Day, Year	DONDITIONS CO. PART I (a) HOMICIDE	TRIBUTING TO E	PEATH but not re	rka eleted to the te	rminal PART	there a pr	about 5: 3 day, sed was female regnancy in last 90: No Un RT II of item 18.)
INSTEAD	GF MEDICAL	Conditions, if an which gave rise above cause (a stating the under lying cause last part of the conditions). PART 11. OTHER disease 19. WAS AUTOPSY PERFORMED? PERFORMED? 20c. TIME OF Hour Mon INJURY a.m. p.m.	DUE TO (b) to a), str. DUE TO (c) R SIGNIFICANT CO a condition given in CIDENT SUICIDE Dith, Day, Year 20e. PLACE (farm, fa	Cenditions Co. PART I (a) HOMICIDE	20b. DESCRIBE 20b. DESCRIBE in or about home fice bldg., etc.)	HOW INJURY OF	CCURRED. (Enter	nature of injury in	COUNTY	about 5 3 down
HOULD READ INSTEAD OF DO	MEDICAL	Conditions, if an which gave rise above cause (c stating the underlying cause last PART II. OTHER disease 19. WAS AUTOPSY 20a. AC PERFORMED? 20c. TIME OF Hour Mon INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	DUE TO (b) to a), st. DUE TO (c) R SIGNIFICANT CO e condition given in CCIDENT SUICIDE Thh, Day, Year 20e. PLACE C farm, fa	DONDITIONS CO. PART I (a) HOMICIDE	20b. DESCRIBE 20b. DESCRIBE in or about home fice bldg., etc.)	HOW INJURY OF	CURRED. (Enter	rminal PART	COUNTY	about 5. 3 down sed was female regnancy in last 90 Un No Un Un STA
JUD READ INSTEAD	A. B. B Oyer MEDICAL	Conditions, if an which gave rise above cause (a stating the under last ring rate ring ring ring ring ring ring ring ring	DUE TO (b) to a), str. DUE TO (c) R SIGNIFICANT CO a condition given in CIDENT SUICIDE Dith, Day, Year 20e. PLACE (farm, farm, farm) TO T	HOMICIDE PART I (a) HOMICIDE FINJURY (e.g. of the control of th	20b. DESCRIBE 20b. DESCRIBE in or about home fice bldg., etc.) m or	HOW INJURY OF The American Ame	CCURRED. (Enter WN, OR LOCAL above, and to the second se	nature of injury in the best of my known CATION (City, tow	COUNTY COUNTY COUNTY COUNTY	about 5 3 days sed was female regnancy in last 9 No Un RT II of item 18.) STA

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	name is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Dal Desert
StudentSignature of Student Embalmer	Sign Harole Bellerna
. • • • • • • • • • • • • • • • • • • •	Licensed Embalmer No. 3035

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.